



3761  
Patent  
Attorney Docket No. 000500-252

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Olle Carlbark et al.

Application No.: 09/529,638

Filing Date: June 5, 2000

Title: A WAIST BELT FOR ABSORBENT GARMENTS

Group Art Unit: 3761

Examiner: Catherine L. Anderson

Confirmation No.: 9552

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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AUG 30 2004  
TECHNOLOGY CENTER 3700

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ Terminal Disclaimer(s) and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☒ Also enclosed is/are Declaration of Translation, Copy of PCT/SE98/01861

- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least \_\_\_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

| AMENDED CLAIMS   |               |   |              |                    |                |
|--|---------------|---|--------------|--------------------|----------------|
|  | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate               | Additional Fee |
| Total Claims   |               | MINUS =                                   | 0            | x \$18.00 (1202) = | \$ 0.00        |
| Independent Claims   |               | MINUS =                                   | 0            | x \$86.00 (1201) = | \$ 0.00        |
| If Amendment adds multiple dependent claims, add \$290.00 (1203)                                 |               |   |              |                    |                |
| Total Claim Amendment Fee  |               |   |              |                    | \$ 0.00        |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee |               |   |              |                    | \$ 0.00        |
| <b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>   |               |   |              |                    | <b>\$ 0.00</b> |

- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800.
- ☐ Charge \_\_\_\_\_ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: 8-24-04

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